

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID N .	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MN	60500	10-28-02
FORMALITY REVIEW			11-29

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims, staple additional sheets.

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